

Spill Incident Report

Person reporting the spill: _____

Activity/unit: _____ Telephone: _____

Date: _____ Time: _____

Location of spill (Installation, Building Number, be specific): _____

Type of pollutant: _____

Approximate quantity: _____

Cause/Source of spill: _____

Is spill continuing? ____ Yes ____ No

If continuing, what is the maximum potential quantity? _____

Check applicable items:

_____ contained in a catch basin or other container

_____ uncontained over pavement, gravel area, or grass

_____ absorbed into ground

_____ draining into sewer system

_____ draining into pond, river

Potential dangers (e.g. Fire, Explosion, Toxic Fumes): _____

Has the Fire & Emergency Services Division been called ? _____

Corrective action to eliminate pollution source/remove pollutant: _____

NOTE: Contaminated soil/gravel must be temporarily stored at the Coleman Contaminated Soil Platform, Building #1300. Contaminated soil/gravel will only be accepted if a completed Spill Incident Report is available at DPW, EMD.

➤ POC for turn-in appointments is Mr. Gebreyohannes, DSN 381-7699.